

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Laura B. Murray  
Tallahassee, Florida 32399-0001  
Phone: (904) 493-0001

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 17 PM 3:20

**DOCUMENT # F94000003936 (1)**

1. Corporation Name

**WESTERN GOLF PROPERTIES, INC.**

Principal Place of Business

Main Office

**7711 EAST GREENWAY ROAD  
SCOTTSDALE AZ 85260**

**7711 EAST GREENWAY ROAD  
SCOTTSDALE AZ 85260**

(Printed within this block)

3. Date the corporation was organized	3a. Fiscal Year End Report
07/27/1994	1994
4. FIC Number	Applied For Paid Applicable
86-0500159	
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199 USC, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

21. Principal Place of Business	26. Mailing Address
State, Apt. #, etc	State, Apt. #, etc
22. City & State	27. City & State
23. Zip	28. Zip
Country	Country
24. State	29. State
25. Country	30. Country

**9. Name and Address of Current Registered Agent**

**B&C COPORATE SERVICES OF CENTRAL FLORIDA,  
390 N. ORANGE AVE., STE. 1100  
ORLANDO FL 32801**

**10. Name and Address of New Registered Agent**

B1. Name	B5. Zip Code
B2. Street Address (P.O. Box Number is Not Acceptable)	
B3. City	
B4. State	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes.

SIGNATURE

(Signature of the individual appointed agent and the Corporation)

(Signature of the individual appointed agent and the Corporation)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKEY, VERDE V	1.2 NAME	
STREET ADDRESS	4340 N. 42ND AVE.	1.3 STREET ADDRESS	
CITY, ST, ZIP	PHOENIX AZ 85019	1.4 CITY, ST, ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, JOE E	2.2 NAME	
STREET ADDRESS	7711 E. GREENWAY ROAD	2.3 STREET ADDRESS	
CITY, ST, ZIP	SCOTTSDALE AZ 85260	2.4 CITY, ST, ZIP	
TITLE	DST	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTAIN, JOHN S	3.2 NAME	
STREET ADDRESS	4340 N. 42ND AVE.	3.3 STREET ADDRESS	Phoenix, AZ 85019
CITY, ST, ZIP	PHOENIX AZ 85260	3.4 CITY, ST, ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIZZIAR, MARK	4.2 NAME	
STREET ADDRESS	7711 E. GREENWAY ROAD	4.3 STREET ADDRESS	
CITY, ST, ZIP	SCOTTSDALE AZ 85260	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is true and correct, and that I am not guilty, for this corporation, of the act or acts listed in the Florida Statutes. I further certify that the information included on this corporation's report is complete and correct, and that I am not guilty, for this corporation, of the act or acts listed in the Florida Statutes. I further certify that I am available or clear for all the corporation's business as required by the corporation's report, and that I am not guilty, for this corporation, of the act or acts listed in the Florida Statutes. I am not guilty, for this corporation, of the act or acts listed in the Florida Statutes.

SIGNATURE:

*John S. Curtain*  
SIGNATURE AND TYPE OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR

2-13-95

602-272-1347